#### County: Williamsburg

Facility Type: Adult Day Care Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
H ALTON BOYD SENIOR CENTER	Williamsburg / Limited Liability	40
484 NELSON BLVD	484 NELSON BLVD	
KINGSTREE, SC 29556-4025 FAC.#:843-355-2420	KINGSTREE, SC 29556-4025	
MITCHELL, VICKIE B PH#: 843-372-5104	H ALTON BOYD SENIOR CENTER LLC	
Facility Email: VICKIEMITCHELL55@YAHOO.COM	ADC-0299 / 01/31/2015	
Number of Participants:	40	
HOPEWELL SENIOR DAY CARE	Williamsburg / Corporation	12
1277 BLAKELY RD	1277 BLAKELY RD	
SALTERS, SC 29590-3439 FAC.#:843-387-6376	SALTERS, SC 29590-3439	
EVANS, DOTTIE M PH#: 843-387-6376	HOPEWELL SENIOR DAY CARE INC	
Facility Email: HOPEJ@FTC-I.NET	ADC-0206 / 08/31/2014	
Number of Participants:	12	
NEW MOUNT CARMEL ADULT DAY CARE	Williamsburg / Corporation	28
797 TUPPERWARE RD	PO BOX 127	
HEMINGWAY, SC 29554-5479 FAC.#:843-558-5053	HEMINGWAY, SC 29554-0127	
WASHINGTON, DENEICE S PH#: 843-558-5053	GET EDUCATIONAL RESOURCES CENTER INC	
Facility Email: ADC.NEWMT.CAMEL@YAHOO.COM	ADC-0244 / 11/30/2014	
Number of Participants:	28	
RUTH LOUIS ADULT HEALTH DAY CARE	Williamsburg / Non-Profit	30
1349 SEABOARD RD	C349°SEABOARD RD	
ANDREWS, SC 29510-5628 FAC.#:843-221-5848	ANDREWS, SC 29510-5628	
NESMITH, PEARL PH#: 843-221-5848	RUTH LOUIS ADULT HEALTH DAY CARE INC	
Facility Email: RUTHLOUISADC@FTC-I.NET	ADC-0226 / 05/31/2014	
Number of Participants:	30	
RUTH LOUIS ADULT HEALTH DAY CARE #2	Williamsburg / Non-Profit	69
111 E MILL ST	Corperation <sub>ST</sub>	
KINGSTREE, SC 29556-3427 FAC.#:843-355-2333	KINGSTREE, SC 29556-3427	
NESMITH, PEARL PH#: 843-221-5848	RUTH LOUIS ADULT HEALTH DAY CARE INC	
Facility Email: RUTHLOUISADC@FTC-I.NET	ADC-0250 / 12/31/2014	
Number of Participants:	69	

County: Williamsburg

Facility Type: Community Residential Care	Facility
Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date
GOOD SAMARITAN RESIDENTIAL CARE	Williamsburg / Corporation 9
1356 BUBZY RD	1356 BUBZY RD
KINGSTREE, SC 29556-5246 FAC.#:843-382-3530	KINGSTREE, SC 29556-5246
DUROUSSEAU, MATTIE H PH#:	GOOD SAMARITAN RESIDENTIAL CARE FACILITY INC
Facility Email: DCM42@SCDMH.ORG	CRC-1015 / 05/31/2014
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0
Certifications:None	
MY HOUSE COMMUNITY HOME	Williamsburg / Sole Proprietorship 4
273 MARTIN RD	PO BOX 358
CADES, SC 29518-3381 FAC.#:843-382-4223	GREELEYVILLE, SC 29056-0358
GLASSCHO, GERMAN PH#: 843-382-3277	GERMAN GLASSCHO
Facility Email: NIMC@FTC-I-NET	CRC-1318 / 07/31/2014
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0
Certifications:None	
S M STRONG'S COMMUNITY RESIDENTIAL CARE	Williamsburg / Sole Proprietorship 5
65 DOVE ST	150 VARNER AVE
KINGSTREE, SC 29556-3146 FAC.#:843-355-3487	GREELEYVILLE, SC 29056-8949
STRONG, SUSIE M PH#: 843-354-3487	SUSIE M STRONG
Facility Email: S.S.STRONG@FTC-I.NET	CRC-1195 / 02/28/2014 (Renewal Pending)
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0
Certifications:None	
WILLIAMSBURG RESIDENTIAL CARE FACILITY	Williamsburg / Sole Proprietorship 24
14 WRCF ST	PO BOX 63
KINGSTREE, SC 29556-2596 FAC.#:843-355-6214	SALTERS, SC 29590-0063
PH#:	JACKSON, JACQUES G
Facility Email: WRCF@FTC-I.NET	CRC-0038 / 03/31/2015
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0
Certifications:None	
Totals For Facility/License Type: Community  Number of Activities/Facilities licensed:	Residential Care Facility  4 Number Licensed Units: 42

County: Williamsburg

Facility Type: Home Health

Facility Name County/Ownership Type Licensed Location Street Mailing/Billing Address Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date AMEDISYS HOME HEALTH CARE Williamsburg / Limited Liability 2 127 E MILL ST 127 E MILL ST KINGSTREE, SC 29556 FAC.#:843-916-0931 KINGSTREE, SC 29556 GEORGETOWN HOSPITAL HOME HEALTH LLC LANGSTON, JENNIFER PH#: Facility Email: 2221@AMEDISYS.COM

HHA-0188 / 01/31/2015

Counties Served: Georgetown, Williamsburg

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

Totals For Facility/License Type: Home He	ealth		
Number of Activities/Facilities licensed:	<u> </u>	Number Licensed Units:	2

County: Williamsburg

Facility Type: Hospital or Institutional General Infirmary
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Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date
WILLIAMSBURG REGIONAL HOSPITAL 500 NELSON BLVD	Williamsburg / Non-Profit 25 \$8^p8xa5i8^n
KINGSTREE, SC 29556-4027 FAC.#:843-355-8888 MONSOUR, MITCHELL D PH#: 843-355-8888	KINGSTREE, SC 29556-0568 WILLIAMSBURG REGIONAL HOSPITAL INC
Facility Email: SPOSTON@WMBGRH.COM	HTL-0841 / 10/31/2014
Licensed Beds: General: 25 Psychiatric:	0 Rehab: 0 Substance Abuse: 0
Other Beds: NICU: 0 Neonatal Special	L Care: 0

Certifications: Swing Bed Unit(s), JCAHO Accredited, Critical Access Hospital

Williamsburg / Corporation

County: Williamsburg

KINGSTREE NURSING FACILITY

Facility Type: Nursing Home

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensee

Licensee

License Nbr/Expiration Date

Licensed Units

96

\_\_\_\_\_<del>\_</del>

401 NELSON BLVD 401 NELSON BLVD

KINGSTREE, SC 29556-4024 FAC.#:843-355-6116 KINGSTREE, SC 29556-4024 SLAVINSKI, CANDICE J PH#: 843-355-6116 KINGSTREE NURSING FACILITY INC

Facility Email: CSLOVINSKI@COOKE-ASSOCIATES.COM NCF-0937 / 12/31/2014

Licensed Beds: Nursing Home: 96 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: \_\_\_\_\_1 Number Licensed Units: \_\_\_\_\_96

May 1, 2014

### South Carolina Department of Health & Environmental Control Division of Health Licensing

County: Williamsburg

Facility Type: PSAD Outpatient

Facility Name County/Ownership Type
Location Street Mailing/Billing Address Licensed
Location City, State Licensee Units
Administrator/Phone License Nbr/Expiration Date

WILLIAMSBURG COUNTY DEPARTMENT ON ALCOHOL AND DRUG ABUSE

115 SHORT ST

KINGSTREE, SC 29556-3924 FAC.#:843-355-9113

GRAHAM, JACKIE S PH#: 843-355-9113

Facility Email: JGRAHAM@WCDADA.ORG

Certifications:None

Williamsburg / County

PO BOX 506

KINGSTREE, SC 29556-0506 WILLIAMSBURG COUNTY COUNCIL 2

OTP-0019 / 06/30/2014

Totals	For	Facility/	License	Type:	PSAD	Outpatient

Number of Activities/Facilities licensed: \_\_\_\_\_1 Number Licensed Units: \_\_\_\_2

hlfactcc.rdf

County: Williamsburg

Facility Type: Renal Dialysis

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensee

Units

License Nbr/Expiration Date

FMC DIALYSIS SERVICES-ANDREWS Williamsburg / Corporation 12

102 S COUNTY LINE RD 102 S COUNTY LINE RD ANDREWS, SC 29510-8125 FAC.#:843-221-5454 ANDREWS, SC 29510-8125

COHENS RN, JACQUELINE PH#: 843-357-4840 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC

Facility Email: CLINIC2359@FMC-NA.COM ERD-0115 / 05/31/2015

Licensed Stations: Hemodialysis: 12 Peritoneal: 0

FRESENIUS MEDICAL CARE KINGSTREE Williamsburg / Corporation 31

215 N BROOKS ST 215 N BROOKS ST

KINGSTREE, SC 29556-3503 FAC.#:843-355-9750 KINGSTREE, SC 29556-3503

WEATHERFORD RN, BARBARA PH#: 843-382-9791 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC

Facility Email: Not on File ERD-0069 / 02/28/2015

Licensed Stations: Hemodialysis: 31 Peritoneal: 0

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 2 Number Licensed Units: 43

County: Williamsburg

Facility Type: Residential Treatment for Children & Adolescents			
Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date		
WILLOWGLEN ACADEMY SOUTH CAROLINA	Williamsburg / Corporation 40		
1370 N WILLIAMSBURG COUNTY HWY	1370 N WILLIAMSBURG COUNTY HWY		
KINGSTREE, SC 29556 FAC.#:843-201-4888	KINGSTREE, SC 29556		
VASSAR, TERESA PH#: 803-473-4656	WILLOWGLEN ACADEMY SOUTH CAROLINA INC		
Facility Email: TVASSAR@WILLOWGLENSC.COM	RTF-0023 / 03/31/2015		
Totals For Facility/License Type: Residential Tr Number of Activities/Facilities licensed:1			
Number of Activities/Facilities licensed in county	of <u>Williamsburg</u> # Lics: <u>16</u> Number Licensed Units : <u>429</u>		
-	rt Totals		
Total Number of Activities/Facilities licensed	16 Total Number Licensed Units: 429		